



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ge, Hui

Application No. 09/936,005

Filing Date: November 14, 2001

For: "UPA, A UNIVERSAL PROTEIN
ARRAY SYSTEM"

)
)
) Art Unit: 1641

) Confirmation No. 7848

) Examiner: LAM, ANN Y
)
)

AMENDMENT/RESPONSE TO OFFICE ACTION TRANSMITTAL

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.

Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Amendment/Response to Office Action | <input type="checkbox"/> Petition to Extend Time |
| <input type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input checked="" type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input checked="" type="checkbox"/> Other: <u>Return Postcard.</u> |

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	14	43		0	X \$50.00	\$0.00
Independent Claims	1	6		0	X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$0.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						\$0.00
Total Fee Due						\$0.00

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated below.
(Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

No fees are believed due; however, the Commissioner is hereby authorized to charge any deficiency or to credit any overpayment to Deposit Account No. 14-0629.

Respectfully submitted,



Gwendolyn D. Spratt, Registration No. 36,016

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300 (Telephone)
(678) 420-9301 (Facsimile)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the U.S. Postal Service as first-class mail in an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.



Gwendolyn D. Spratt, Registration No. 36,016

11-2-05

Date



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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

In response to the August 2, 2005 Office Action that issued in the above-identified patent application, and in accordance with the revised amendment practice outlined in revised 37 C.F.R. §1.121, please amend the application as outlined below.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.